Fill in this information to identify your case:				irected in this form and	in Form
Debtor 1 Tracie C. McClary		122A-1Su	pp:		
Debtor 2 (Spouse, if filing)		■ 1. T	nere is no pres	umption of abuse	
United States Bankruptcy Court for the: District of Mary	land	a	pplies will be n	o determine if a presur nade under <i>Chapter 7 l</i> icial Form 122A-2).	•
Case number		□ 3. T	ne Means Test	does not apply now be a service but it could ap	
			·	n amended filing	pry rator.
Official Form 122A - 1		— OII	ock ii tilis is a	ir amended illing	
	urrant Manthly Ir	m	•		1011
Chapter 7 Statement of Your C	urrent Monthly II	icom			12/19
Be as complete and accurate as possible. If two married peop attach a separate sheet to this form. Include the line number to case number (if known). If you believe that you are exempted qualifying military service, complete and file Statement of Exempted Calculate Your Current Monthly Income	o which the additional information from a presumption of abuse be	on applies. cause you	On the top of a do not have prir	ny additional pages, writ narily consumer debts o	te your name and or because of
What is your marital and filing status? Check one	only				
□ Not married. Fill out Column A, lines 2-11.	offiny.				
☐ Married and your spouse is filing with you. Fil	Lout both Columns Δ and Β lin	م 11-2 عمر			
_ · · · · · · · · · · · · · · · · · · ·	·				
■ Married and your spouse is NOT filing with yo	,		۸ معما D انتخم (2.44	
☐ Living in the same household and are not le					
Living separately or are legally separated. Fe penalty of perjury that you and your spouse an living apart for reasons that do not include evants.	e legally separated under nont	oankruptcy	law that applie	es or that you and your	
Fill in the average monthly income that you received from 101(10A). For example, if you are filing on September 15, the the 6 months, add the income for all 6 months and divide the to spouses own the same rental property, put the income from the	6-month period would be March 1 to the country of t	hrough Aug clude any ir	ust 31. If the amo	ount of your monthly incomore than once. For examp	ne varied during ble, if both
		Colun		Column B Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	all \$	4,314.11	\$		
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.					
 All amounts from any source which are regularly of you or your dependents, including child supp from an unmarried partner, members of your housel and roommates. Include regular contributions from a 	ort. Include regular contribution nold, your dependents, parents a spouse only if Column B is no	ns	965.97	¢.	
filled in. Do not include payments you listed on line 3		Φ	903.91	\$	
5. Net income from operating a business, profession	Debtor 1				
Gross receipts (before all deductions)	\$ 0.00				
Ordinary and necessary operating expenses	-\$ 0.00				
Net monthly income from a business, profession, or	0.00	->\$	0.00	\$	
6. Net income from rental and other real property				·	
	Debtor 1				
Gross receipts (before all deductions)	\$ 0.00				
Ordinary and necessary operating expenses	- \$ 0.00				
Net monthly income from rental or other real propert	y \$ 0.00 Copy here	->\$	0.00	\$	
7 Interest, dividends, and royalties		\$	0.00	\$	

Debtor 1 Tracie C. McClary		Case numb	oer (if known)			
		Column A Debtor 1	1	Column B Debtor 2 or non-filing s		
8. Unemployment compensation		\$	0.00	\$		
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		ler				
For you S	0.00					
For your spouse						
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.			0.00	\$		
10. Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism; or compensation pension, pay, an United States Government in connection with a disabil disability, or death of a member of the uniformed servi sources on a separate page and put the total below.	Security Act; payments manity, or international or nuity, or allowance paid by th ity, combat-related injury or					
·		\$	0.00	\$		
		\$	0.00	\$		
Total amounts from separate pages, if any.		+ \$	0.00	\$		
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.		5,280.08	+ \$		Total cuincome	5,280.08
Part 2: Determine Whether the Means Test Applies 12. Calculate your current monthly income for the year	r. Follow these steps:					
12a. Copy your total current monthly income from line 11		Co	Copy line 11 here=> \$ 5,280.08			
Multiply by 12 (the number of months in a year)					x 1	
12b. The result is your annual income for this part of the form				12b.	\$6	33,360.96
13. Calculate the median family income that applies to	you. Follow these steps:					
Fill in the state in which you live.	MD					
Fill in the number of people in your household.	1					
Fill in the median family income for your state and size				13.	\$_ 8	31,293.00
To find a list of applicable median income amounts, go for this form. This list may also be available at the ban		ed in the sepa	rate instruc	tions		
14. How do the lines compare?						
14a. Line 12b is less than or equal to line 13. C		ox 1, There is	s no presum	ption of abuse	9.	
14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A–2.		presumption (of abuse is	determined by	Form 12	2A-2.
Part 3: Sign Below						
By signing here, I declare under penalty of perjury	y that the information on this	statement and	d in any atta	achments is tru	ue and co	orrect.
X /s/ Tracie C. McClary						
Tracie C. McClary Signature of Debtor 1						

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Debtor 1 Tracie C. McClary	Case number (if known)
Date	
If you checked line 14a, do NOT fill out or file Form 122A-2.	
If you checked line 14b, fill out Form 122A-2 and file it with this form.	